



South Central District Health

Keeping your family & community healthy

Low Risk Establishment Fraternal/Benevolent/Charitable Organization Exemption Form

TWIN FALLS OFFICE
1020 Washington St. N.
Twin Falls, ID 83301-3156
734-5900 * FAX 734-9502

BELLEVUE OFFICE
117 E. Ash St.
Bellevue, ID 83313
788-4335 * FAX 788-0098

BURLEY OFFICE
2311 Parke Ave. Unit 4, Suite 4
Burley, ID 83318
678-8221 * FAX 678-7465

GOODING OFFICE
145 7th Ave. E.
Gooding, ID 83333
934-4477 * FAX 934-8558

JEROME OFFICE
951 E. Ave. 'H'
Jerome, ID 83338
324-8838 * FAX 324-9554

RUPERT OFFICE
1218 9th St., Suite 15
Rupert, ID 83350
436-7185 * FAX 436-9066

Low Risk Establishment; IDAPA Section 16.02.19.001.03.c

I certify that I _____ of _____ currently produce a food product that is considered non-potentially hazardous by the Division of Health, Food Protection Program. This classifies my establishment as a low risk food establishment and exempts me from requiring licensure or inspection. I understand that if I sell the product wholesale to a food establishment that my exemption status is dissolved and I will be required to meet the standard set forth in the Idaho Food Code. I agree to contact South Central District Health before making any menu changes that might change my current risk status.

Fraternal/Benevolent/Charitable Organization; IDAPA Section 16.02.19.001.03.f

I certify that I _____ of _____ represent a fraternal, benevolent, or nonprofit charitable organization and that I will not prepare or serve food on a regular basis. Food shall not be considered to be served on a regular basis if the food is served for a period not to exceed five (5) consecutive days on no more than three (3) occasions per year for foods which are not potentially hazardous, or if the food is served no more than one (1) meal per week for all other foods.

Signature

Date

PLEASE LIST MENU ITEMS ON BACK OF FORM

Name of Applicant: _____ Phone: _____

Establishment Name: _____

Establishment Mailing Address: _____

Locations & Dates of Operation:

EHS Reviewed: _____ Date: _____